

Missouri Department of Insurance

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|--|------------------------------|--|
| | Name of healthcare provider: | |
| | Address (Street, City, ZIP): | |
| | Contact Person: | |
| | Contact Person's Title: | |
| | Contact Person's Phone: | |
| | Contact Person's Email: | |

Please complete the form for your health care organization. Email completed forms to *promptpaystudy*

For each insurer listed, please include all accounts if possible, including HMO, PPO, Third Party Administration for Self-Insured Plan, and all other business transacted with the insurer. If comprehensive data cannot be provided, please provide details in the space following.

| | | Please EXCLUDE in-house | |
|-------------|---|------------------------------|---------------------|
| | | | |
| NAIC Code | Insurer Name | Number of Accounts in A/R | Net Revenues in A/R |
| 60305 | American Community Mutual Insurance Company | | |
| 0001 | Aetna Group | DO Not Fill This Line | |
| 95810 | Aetna Health Inc | | |
| 72052 | Aetna Health Insurance Company | | |
| 60054 | Aetna Life Insurance Company | | |
| 12913 | Missouri Care Inc Incorporated | | |
| 0019 | Assurant Inc Group | DO Not Fill This Line | |
| 65080 | John Alden Life Insurance Company | | |
| 69477 | Time Insurance Company | | |
| 70408 | Union Security Insurance Company | | |
| 0119 | Humana Group | DO Not Fill This Line | |
| 73288 | Humana Insurance Company | | |
| 0332 | Principal Fin Group | DO Not Fill This Line | |
| 61271 | Principal Life Insurance Company | | |
| 0537 | Blue Cross & Blue Shield Of KC Group | DO Not Fill This Line | |
| 47171 | Blue Cross And Blue Shield Of Kansas City | | |
| 10753 | Blue-Advantage Plus Of Kansas City Inc | | |
| 95315 | Good Health Hmo Inc DbA Blue-Care Inc | | |
| 0671 | Wellpoint Inc Group | DO Not Fill This Line | |
| 28207 | Anthem Insurance Companies Inc | | |
| 78972 | Healthy Alliance Life Insurance Co | | |

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|-------------|--|------------------------------|
| 95358 | HMO Missouri Inc DbA Anthem Blue Cross & Blue Shield | |
| 80314 | Unicare Life & Health Insurance Company | |
| 0707 | Unitedhealth Group | DO Not Fill This Line |
| 97179 | American Medical Security Life Insurance Company | |
| 62286 | Golden Rule Insurance Company | |
| 71420 | Sierra Health & Life Insurance Company Inc | |
| 79413 | United Healthcare Insurance Company | |
| 96385 | United Healthcare Of The Midwest Inc | |
| 0901 | Cigna Health Group | DO Not Fill This Line |
| 95209 | Cigna Healthcare Of Ohio Inc DBA Cigna Healthcare Of KS/MO | |
| 95635 | Cigna Healthcare Of St Louis Inc | |
| 62308 | Connecticut General Life Ins Co | |
| 1137 | Coventry Corp Group | DO Not Fill This Line |
| 81973 | Coventry Health And Life Insurance Company | |
| 95489 | Coventry Health Care Of Kansas Inc | |
| 90328 | First Health Life & Health Insurance Company | |
| 96377 | Group Health Plan Inc | |
| 95318 | Healthcare USA Of Missouri Llc | |
| 1203 | Cox Insurance Group | DO Not Fill This Line |
| 95530 | Cox Health Systems HMO Inc | |
| 60040 | Cox Health Systems Insurance Company | |
| 3386 | Mercy Health Plans Group | DO Not Fill This Line |
| 11529 | Mercy Health Plans | |
| 95309 | Mercy Health Plans Of Missouri Inc | |
| 3486 | Heartland Health Group | DO Not Fill This Line |
| 95145 | Community Health Plan | |
| 92681 | Community Health Plan Insurance Company | |
| 3527 | American Republic Mut Group | DO Not Fill This Line |
| 60836 | American Republic Insurance Company | |

Please indicate any special accounting issues related to the data that would assist

nce, Financial Institutions & Professional Registration

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@insurance.mo.gov

2,
with each insurer.
Following the insurer list.

| | |
|---|--|
| charge accruals and discharged not final billed amounts | |
| Data as of July 31st, 2009 | Amount Denied and Witten Off amount if available, |

| | | | | Net | | | | |
|--------|--------|-------|---------|-----------|-------------|------------------|---------------|--|
| | | | | Avg. Days | Revenues in | | | |
| % A/R, | % A/R, | % A/R | % A/R | Net | Denied or | | | |
| 0-30 | 31-60 | 61-90 | Over 90 | Revenue | Appeal | | | |
| Days | Days | Days | Days | in A/R | Status | Lack of | Not Medically | |
| | | | | | | Precertification | Necessary | |

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t analysis:

During Second Quarter by Reason (Enter dollar amount, otherwise, just check all that apply)

| | Not a Covered Member | Not a Covered Benefit | Other - Please Specify |
|------------------------------|----------------------------|-----------------------------|------------------------------|
| Lack of PCP Authorization | | | |

